

NONDEPLOYMENT CHECKLIST

Prescribing Directive: IX Corps (Aug) SOP 55-1

1. This checklist, when completed, will be used to determine those individuals who are in a nondeployable status. Questions should be answered as truthfully as possible. If you are uncertain about a particular question, you should consult with the appropriate supervisor.

____ a. Is designated as "Key employee". (A key employee is any civilian employee of a Federal, State or local government agency or defense-supporting industry who occupies a key position for whom no qualified and immediate replacement exists and whose duties cannot be reassigned to other employees, or has a civilian mobilization assignment, and immediate recall to military active duty during emergency would seriously impair the effective functioning and continuity of such agency or industry with regard to:

- (1) Production and research vital to the national defense effort or,
- (2) Activities necessary to the maintenance of the national health, safety, or interest.

(Note: All Department of the Army employees, GS-15 or above, are considered to be key employees.)

____ b. Is preparing for the ministry in a recognized theological or divinity school.

____ c. Is a duly ordained minister or religion serving in any capacity other than chaplain's assistant.

____ d. Is a graduate student in one of the health professions (medicine, dentistry, veterinary medicine, osteopathy, podiatry or optometry).

____ e. Mobilization would result in extreme personal or community hardship.
(If checked, please explain in detail on reverse).

____ f. Has had a family member killed, 100% disabled, declared missing in action or a POW status as a result of service in a hostile area since 1 January 1961 and provided individual so requests exception.

____ g. Is hospitalized and/or has a permanent or temporary profile precluding satisfactory duty performance under deployment conditions as determined by appropriate medical authority and approved by the unit commander.

2. I understand that I am subject to mobilization with my unit as long as I am assigned and attend training with a troop program unit.

Signature

Date

Printed Name and Rank

Unit